BINDING

FOR

MARGIN RESERVED

V. S. No. 1

NV L	20,
County View	Registration Dist. No.
Village or City Near Clustertaura (1	NDSt.,War f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Esse Bidelle	
(a) Residence: ND. to hestertam, and Red (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemeal 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Leo. W. Biddle	22. HEREBY CERTIFY. That I attended deceased from 7 ela. 15 ,1935, to 7 ela. 25 ,1935
DATE OF BIRTH (month, day, and year) May 10 1876	
AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10 G m.
58 9 15 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEFPER, etc.  9. Industry or business in which work was dona, as SLILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at his occurrence of the second of the s	A Company of the
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Stomach
SAW MILL, BANK, etc.	
spent in this 4.	
year) occupation occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	
(State or country) July Co. Mo.	
13. NAME 6 harles Waddell  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of oparation Data of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME not lever	23. If death was due to axtarnal causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whera did injury occur?
7. INFORMANT Sio. W. Biddle (Address) Millington na	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa to Mempton Date Fel 28, 1935	Nature of injury
9. UNDERTAKER Spark and God (Address)	24. Was disaase or injury in any way related to occupation of decaased?
	(Signad) Delland Dowers. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	<u> </u>
County Sent -	A / Registration Dist. No. 204
Village or City Jerrelacon	No. Acceleration R. R. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Shill bow.	Jeniale Blake
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. 3 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIPTH (month day and year)	I last saw h elive on 19 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm,
Stut born   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Sitt born.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Buch Linesalation
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Longitude (State or country)	Other Centributery Causes of Importance:
13. NAME STACE BLACE  14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there en au'opsy?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
(Address) - O hesterland - 2 mg	
Place legislation Octo 76 16 ,19 35	Manner of Injury
19. UNDERTAKER The Blatte (Addiess) The selection of	24. Was disease or injury in any way related to occupation of deceased?
20. FILED / 16, 19 35 3 N Levelle Registrar.	(Signed) M. I

B.-WRITE PL

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stated EXACTLY. PHYSICIAMS successfield. Exact statement of OCCUPA-

RD. Every item of infor-

WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of dcath and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MINEALI V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAL
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01893

	1. PLACE OF DEATH	(92-0)
	County Avent	Registration Dist. No. 202
	Village or City Hear Brace Mille	No
		ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Many II Dover	4
	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Feb 2 6  (Month) (Day) (Yeer)
58	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
	DATE OF BIRTH (month, day, and yeer) Fiels 27 1868	Hest saw har alive on February 23 1935; death is said
	AGE Years Months Days If LESS than	to have occurred on the date steted ebove, et $\mathcal{L}_{m}$ .
	(26 11 26 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance
NOI	2 Trade profession or particular	Date of solitons. Cardiac insufficiency Date of onest
11 -		Crimany Pouse: man ditie it it
OCCUPAT	work was done, es SILK MILL, SAW MILL, BANK, etc	remany Cause: myseardition with methal
	10. Date deceased lest worked et this occupation (month end year)	- Standfell Ma String Mer Strikery
HER   II	2. BIRTHPLACE (city or town) KSSL-CD Md (Stete or country)	Other Contributory Causes of Importance:
ER	13. NAME Senuel ( yavos	
FATH		Name of operation
-	(State or country)	Whet test confirmed diagnosis? Wes there an eutopsy?
HER	15. MAIDEN NAME MAY MAD FINESTY,	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
	(State or country)	Where did injury occur?(Specify city or town, county and State)
	7. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	B. BURIAL, CREMATION, ON REMOVAL Piece Dete	Manner of injury
5 -	Plece Dete Dete 1985	Neture of injury.
11	UNDERTAKER DE TELLES	24. Was disease or injury in eny wey releted to occupation of deceased?
-	(Address) Selle Frank Wild	If so, specify On View (1) A hour on the
21	O. FILED FET 21, 193 V NT. Steeles	(Signed) A M. D. (Address) le historion M. D.



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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARTLAND	CERTIFICATE OF DEATH 01034
1. PLACE OF DEATH	(8)
County / Cery	Registration Dist. No.
Village or City Land Lectown 15	ento Ed X, U General & tosposion
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. il ol loreign birth?
2. FULL NAME Stillborn Bur	res.
(a) Residence: No.	
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
7ah 1ch 1951	19 to 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, and year)  7. AGE Yeers Months Days If LESS than	I last sew h elive on to have occurred on the data stated above, at
0 0 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trada, profassion, or particular	were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date dacassad lest worked at this occupation (month end this occupation (month end this scenation this).	
9. Industry or business in which	1/10/
work was done, as SILK MILL, SAW MILL, BANK, atc	
Spont in this	
year)	Other Contributery Causes of importance:
12. BIRTHPLACE (city or town) Luller lowe	
(State or country)	
13. NAME ON LINE 14. BIRTHPLACE (city or town)	J
4 14. BIRTHPLACE (city or town)	Neme of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Selew & Shewer.  16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Stefasse), IV. Quirus (Address) (Les Centown	Spacify whether informoccurred in NOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury 45 4
Place Sull Ome Date 75 1 1935	Nature of injury
19. UNDERTAKER Wist To Jeches.	24. Was disease or injury in any wey related to occupation of deceased?
(Address) (kestectown m. 4).	If so, specify
20. FILED Fet 14 1935 W.J. Trechs	(Signed) That he was been been been been been been been bee
Registrar,	(Address) - A Col
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	-T- H	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OF DEATH	4620
Kent	Registration Dist. No. 203
City Chestertown	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
0.1011 . 000	
AME / techand / Harrison Coll	ins Sv-
ence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SHARE, MARRIED, WARRIED,	21. DATE OF DEATH
OR Describe the word)	C/45 , 193 V
and and an artist of the second	(Month) (Day) (Year)
Elizabeth H Roberts	22. HEREBY CERTIFY They I attended deceased from
Sept 11 1859	I last saw h and alive on Test 19 30 death is said
(ears Months Days If LESS than	to have occurred on the date stated above, at 2 , 19 ; death is said
75 4 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
ormin.	were as follows:
f work done, es SPINNER, Selliste + Edelor	pest
r business in which	Larcyvone 34
was done, as SILK MILL, AILL, BANK, etc	
ased last worked at cupation (month and spent in this	LWL
occupation	Other Contributory Causes of importance:
(city or town)	
( of by 1000.	
for ha M. Collas	Biplon to to a lesson
CE (city or town)	Name of operation Date of
NAME Jane Harrison	What test conflicted diagnosis! Was there in autopsy?
TAINE TO THE TOTAL OF THE TOTAL	23, If death was due to external causes (VIOLENCE) fill in also the following:
CE (city or fown)	Accident, suicide, or homicide?
Pt. 1 00 4 701.	Where did injury occur? (Specify city or town, county and State)
super of the colors	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
ATION OR REMOVAL	Manner of injury
ester Country Date 1/ 7, 1935	Nature of injury.
blood of diell	24. Was diseese or injury in any way related to operpation of deceased?
chestestown, mel	If so, specify
- 6 = 1035-911 To Alich	(Signed) C Auth, M. B.
Registrar.	(Address) fly the total less

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Example I	i i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FU	JRTHER STATEMENTS	BY	PHYSICIAN
		-	

TON is very important. See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			108	
County Kent			Registration Dist. No	13
Village or City	ecla - II	(If	No. St. death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?yrs	, Ward
2. FULL NAME Frances	elbert	Collison		
(a) Residence: No.	Dry hee	1/2	St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE  Male  Male	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH February 19 Th	, 193 (Year)
5a. If married, widowed, or divorcad			(monut) (Day)	(Teal)
HUSBAND of (or) WIFE of Mary M.	Collison	1	Jan. 20 1935 to tely 19	19.53
6. DATE OF BIRTH (month, day, and year)	-/15/186	/	I last saw h. elive on Fels 19 , 19d	death Is said
7. AGE Years Months	Days 4	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Cate of onset
8. Treda, profassion, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	returne	ч	myocarditis cente	Cont
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, etc.  10. Date decassed last worked at this occupation (month end		myocarditis certi tearlfeitare	2/4	
10. Date decaased last worked at this occupation (month and year)	11. Total tim spent occup	in this		*****
12. BIRTHPLACE (city or town)	A Cour	5	Other Contributory Course of importance:	1/20
13. NAME Williams Herr	ry Colls	soy	as or memory ma	740
14. BIRTHPLACE (city or town) / Cas (State or country)	huisto	4	Name of operation Date  Whet test confirmad diagnosis? Was thare	
15. MAIDEN NAME Heuriet	tu sles	m	23. If death was due to external causes (VIOL ENCE) fill in also the folio	
15. MAIDEN NAME Huritta Glenn  16. BIRTHPLACE (city or town) Kent County  (State or country)		Accident, suicida, or homicide? Data of injury Where did injury occur?		
17. INFORMANT Non Mary M. Collisory (Address)		(Specify city or town, county enc Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) C PLACE.	
18. BURIAL, CREMATION, OR REMOVER PIece NEW Mapel	Date Ful.	22,1935	Mannar of Injury	
19. UNDERTAKER M. H. (Addrass) Church +	vo :		24. Was disasse or injury in any way related to occupation of daceased  If so, specify	?
20. FILED Lev. 22, 1933 MM	2.7.B.D	mrding, Registrar.	(Signad) Mut a Vonger	M.D.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

	ADDITIONAL	SPACE F	OR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	-	Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2-060/34

898 12-16

		Registration	Dist. No.	
No			St.,	Ward
	in a hospital or instituti			
ds.	How long in U.S. if of	f foreign birth?	yrsm	osds.
St.,	Ward.			
		If nonresident	give city or town and	State
	MEDICAL CE	ERTIFICATE	OF DEATH	
1. DATI	E OF DEATH	1408-	11	
		(Month)	(Day)	, 193 (Year)
			\-=*/	
2.	HEREBY	CERTIF	Y. That I attended	deceased from
	F1 46-12L			
	An alive on	A A .		)_; death is said
to have occi	irred on the date stete	d above, at $0.31$	2.E.m.	
The PRINCI were es foll	PAL CAUSE OF DEAT	H and related caus	ses of importance	1
	0113.	de de la composición della com		Date of onset
	Fruit	-/-	~ J.	-
		Tours.	V-1	
Primary	Couse, and fo	12 1	- Comment	
8	ant.	Q. E. F.	: not staked	b.
Other Centr	ibutory Causes of impo		ZZPOC DCVANACE,	- Tues
Other Coats	is a long causes of thippo	rtanco.		
(	aralys	A: Tracal.	in maitans	
		7	The state of the s	
Name of ope	aration		Date of	
	onfirmed diagnosis?			
	vas due to external caus sicide, or homicide?			
			Date of injury	, 19
where did ii	njury occur? ther injury occurred In	(Specify city or	lown, county and Sta	ie)
Specify whe	ther injury occurred in	INDUSTRY, in HO	ME, or in PUBLIC PL	ACE.
Manner of i	njury			
Nature of in	jury			
4. Was disea	ase or injury In any wa	ay related to occup	ation of deceased?	
If so, specif	y	1-0-	7.1.	· A · · · · · · · · · · ·
(Signed	)	I. P.C	Moral	M. D.
	(Address)	Stil	1, (Pon	d
			~	

19. UNDERTAKER (Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1 1		

	-CERTIFICATE OF DEATH 01899
1. PLACE OF DEATH	<u> </u>
County Leed.	Registration Dist. No. 200
Village or City Meletata	No. Martier RA St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sun en Flet	alen
(a) Residence: No. Melulatu	01
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Fel. 16 1026
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. JIHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Feb 16 /30	t lest saw h
7. AGE Years Months Days If LESS than	t lest saw h; death is said
Diet bane I day,hrs.	wate as follows.
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, atc.	Date of oneet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as StLK MtLL, SAW MILL, BANK, atc.  10. Date daceased last worked at this occupation (month and this procupation (month a	
11. Total time (years) this occupation (month and yaar)	
12. BIRTHPLACE (city or town)  (State or control  (	Othar Contributory Causes of Importanca:
13. NAME ( August Alection 14. BIRTHPLACE (city or town) ( Clinical Control Co	-
4 14. BIRTHPLACE (city or town) Chicolistans	Name of operation Date of
(black of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mayarer Cricois	23. If daath was dua to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Multilum (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Fragence Pacian fallen (Address) . Theren	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Mylelale Date Trab 16 , 1935	Natura of Injury
19. UNDERTAKER KUZEM PAULAN.	24. Was disaasa or injury in eny wey ralated to occupation of deceased?
20. FILE 16 , 192 4 9 M Freeth. Registrar.	(Signed) M. D.

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BURRAU V. E.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING

MARGIN RESERVED

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

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SURBAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDI

RESERVED

MARGIN

instructions

PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist

(If death occurred in ....Ward) a hospital or institu-tion, give its NAME in-stead of street and number.)

Mulleughaka

rs	MEDICAL CERTIFICATE OF DEATH
und	16 DATE OF DEATH Fal. 16 , 1935
	(Month) (Day) (Year)
(Year) ESS than	that I last saw him alive on Pake 16 1921, and that death occurred on the date stated above, at 1 4 P. m.
y hrs.	The CAUSE OF DEATH * was as follows:
min.?	Chr. Vahular Hart Clease
۲	
	Contributory Secondary
4.	(Signed) Marsett Buil M. D.
4	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
	Where was disease contracted, if not at place of desh?
	19 PLACE OF BURIAL OR REMOVAL  Multury M. 1911  20 UNDERTAKER  ADDRESS
_	

PERSONAL AND STATISTICAL PARTICULAR 4 COLOR OR RACE

S SINGLE, MARRIED, WIDOWED.

OR DIVORCED (Write the word)

6 DATE OF BIRTH

3 SEX

7 AGE

PARENT

(Month)

20 (Day)

IIfL I da mos.

OCCUPATION (a) Trade, profession or particular kind of work

(b) General nature of industry

business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or Country)

(Informant)

(Address)

If more banks are needed, addres State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No.

WRITE

9

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealetc., Foreman, For many occupations a without more precise specification as For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on Locomolive engineer, (b) Grocery,

Stritement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. carbolic acid-probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RESERVED

MARGIN

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		The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The state of the s	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

3	.0	0	0	7	
1	1	9	H	. 5	
J		V	V	1	

1. PLACE OF DEATH	94-0
County Kuch	Registration Dist. No. 203
	No. St., Ward   St., Ward   St., Ward   St., Ward   St., Ward   St., Ward   St., St., Ward   St., St., St., St., St., St., St., St.,
2. FULL NAME Burgary in Heart	lin Lewis
(a) Residence: No. 2 Lar Dack (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Hamue S. Lewis  6. DATE OF BIRTH (month, day, and year) May 8 - 1869  7. AGE Years Months Days If LESS than	22. I HEREBY CERTIFY, That I attended deceased from  1 last saw h alive on 19 ; death is said  to have occurred on the date stated above 30 . 40 p.m.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oate of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 7 4 8 11. Total time (years)	Sudden dearth Feb. 8, 1935.
this occupation (month and 1935: spent in this 277 occupation  12. BIRTHPLACE (city or town) Construction  (State or country)	Other Contributory Causes of importance:
1 13, NAME AMENTA HOLONO	
14. BIRTHPLACE (city or town) Queen anne Cs. (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Elizabeth Legg: 16. BIRTHPLACE (city or town) Lieuwilling Cs. (State or country)  17. INFORMANT Franklin M. Lewis	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, REMATION, OR REMOVAL  Place Date 13 1, 19.35	Manner of injury
19. UNOERTAKER W. H. Good (Address) Printing	24. Was disease or injury in any way related to occupation of deceased? 220
20. FILED Fel; 9, 1935 Miss. 7, B. Danding	(Signed arry L. Dodd, Car., M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAR 2 1835				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	6 x 31-x 100 at	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAU V. S.	i		
Other contributory causes of importance:	on.	Other contributory causes of importance:	4=16
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

1. PLACE OF DEATH		(165)		7 1
County Since		_	Registration Dist. No.	41
Village or City Millington	1 612	No.	S	t.,Ward
Length of residence in city or towp/where death occurred	Je her fordes		ution, give its NAME instead of stree of foralgn birth?yrs	et and number)
2. FULL NAME Mary Elis	1. 11	Vippin		
	Janes / TT	Ol Wood		
(a) Residence: No. (Usual p	place of abode)	_St., Ward.	If nonresident give city or tow	vn and State
PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL C	ERTIFICATE OF DEA	тн
Ti on WP To SOR DIVO	MARRIED, WIDOWED, RCED (write tha word)	1. DATE OF DEATH	thet. 16,	, 193
5a. If marriad, widowad, or divorced HUSBAND of	-		(Month) (Day)	(Tamr)
(or) WIFE of Solomon Thos. Pe	ppin. 22	. I HEREB	Y CERTIFY, That I att	ended daceasad from
2	.00	no mudic	al atteno	Cant.
6. DATE OF BIRTH (month, day, end year) Dec. 2		l last saw h aliva on	, 19	D; daath Is seid
7. AGE Yaars Months Deys		o have occurred on the date state		
49 / 19		The PRINCIPAL CAUSE OF DEA wara as follows:	TH and related causes of Importance	Date of onset
8. Trede, profession, or particuler kind of work done, as SPINNER	/	Q-		
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	hald	strangue	anve i	teb. 1
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc.  10. bata deceesad last worked at this occuration (month and	a home	grow ha	ugug-	1930
10. Data decessad last worked at 11. To	otel tima (years) spent in this/	Succes	le.	
this occupation (month and year) # 15-1995-	occupation /7 /			
Hilenia		Other Contributory Causes of imp	outence:	0-
12. BIRTHPLACE (city or town) Automatical (Stata or country) Automatical Co. M.	d.	IXX Treally	- murae	Jano
1 /	0 - 2 6	and pays	ecal_,	1933
11 - 12				
(Steta or country)	,	Name of operation		te of
		What tast confirmed diagnosis?		ere an eutopsy?
mingo		3. If death was dua to extarnal ca Accidant, suicide, or homicide?	auses (VIOLENCE) fill In elso the fo	1 1
(Stata or country)		Where did injury occur?	0 0	Etra 20
72 211	.0 11		(Specify city or town, county a	nd State)
17. INEGRMAN hayarel I Hurle	or (mocher)	Specify whether injury occurred	In INDUSTRY, In HOME, or In PUBL	LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	7	Tope adjusted	e + fixed to Ki	valer kir
Placa Surrana Da Date S	- north in west	Mawhar of Injury	ening of lasend	ery james
19. UNDERTAKER AMUA A SALA	2		way ralatad to occupation of decease	ed? No.
(Address) Cellon Mo	4-20	If so, specify		
20. FILED Herilo, 1935 allerit	hly Registrar.	Sketterry &	testour, 1	1. M. I

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

my york with

V. S. No. 1

1. PLACE OF DEATH  COUNTY  Clay County  County	STATE OF MARYLAND	CERTIFICATE OF DEATH 01906
Village or City. Chesphore Many St. Ward Length of residence in city or town where death occurred. I says. 7 mes. ds. How long in U.S. His of foreign the NAME instead of sirect and most of ds. How long in U.S. His of foreign the NAME instead of sirect and most of ds. How long in U.S. His of foreign the NAME instead of sirect and most of ds. How long in U.S. His of foreign the NAME instead of sirect and most of ds. How long in U.S. His of foreign the NAME instead of sirect and most of ds. How long in U.S. His of the Name of the N		(115-a)
Length of residence in city or town where death occurred. P. yr. J. mos. ds. How long in U.S. if of foreign birth? yr. mos. ds. 12. FULL NAME  (a) Residence: No	County Repl, County	Registration Dist. No. 202
(a) Residence: No. (Usualpace of abode)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  3. SIX  4. COLOR OR RACE  OR DIVORCEO (crive the word)  OR DIVORCEO (crive the word)  Sungle  Convirted of the word of divorced (crive the word)  For Pirit and profession, or particular (crive the word)  OR DIVORCEO (crive the word)  Taday,	(1)	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No.  (Usus) place of shock:  PERSONAL AND STATISTICAL PARTICULARS  3. SIX  4. COLOR OR RACE  OR DIVORCED (unit the word)  S. II married, widowed, or divorced (or) wife of (	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (serie the word) OR	2. FULL NAME dona May littma	347 W. 141 st St.
3. SEX  4. COLOR OR RACE OR DIVORCED Semire the word)  So. It married, widowed, or divorced (co) Wife of (co) Wife of (co) Wife of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months 28  1 Lists saw have sive on the date stated above, at. 7:30 R.m. 1 day, hrs. 1 commin. 28  1 Lists saw have sive on the date stated above, at. 7:30 R.m. 1 have occurred	(Usual place of abode)	If the mesident give city or town and State
Sa. It married, widowed, or divorced lings of the word)  Sa. It married, widowed, or divorced lings of the last state of the state of t		
BUSBAND OF (cr) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  II LESS than I day,	OR DIVORCED (write the word)	Fet. 8 1935-
6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  Years  Note  Years  Year	5a. If married, widowed, or divorced HUSBAND of	
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  Iday, hrs. or. min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance  Savere Bookkeeper, etc.  S. Industry or business in which  SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month apt to 19.5)  12. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  What test confirmed diagnosis?  What test confirmed diagnosis?  What test confirmed diagnosis?  Was there an au'opsy?  13. INFORMANT  14. BIRTHPLACE (city or town)  (Address)  15. MAIDEN NOR REMOVAL  16. BIRTHPLACE (CITY or town)  (Address)  17. INFORMANT  Man  Man  Man  Man  Man  Man  Man  Ma	(or) WIFE of	
T. AGE  Years  Months  Days  If LESS than 1 day	6. DATE OF BIRTH (month, day and year)	
8 Trade, profession or particular like of work done as SPINNER, School Juscher fields as SPINNER, SPIN	7. AGE Years Months Days If LESS than	
Strade, profession, or particular kind of work done, as SPINNER, School Strade of work of more says in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc.   Strade of work done as SILK MILL, SAMYER, BOOKKEPER, etc.   Strade of more done, as SILK MILL, SAMYER, Etc.   Strade of more done, as SILK MILL, SAMYER, Etc.   Strade of more done, as SILK MILL, SAMYER, Etc.   Strade of more done, as SILK MILL, SAMYER, Etc.   Strade of more done, as SILK MILL, SAMYER, Etc.   Strade of more done, as SILK MILL, SAMYER, etc.   Strade of more done, as SILK MILL, SAMYER, etc.   Strade of more done, as SILK MILL, SAMYER, etc.   Strade of more do		The PRINCIPAL CAUSE OF DEATH and related causes of Importance
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  Marring  19. UNDERTAKER  Marring  10. Cottypation  10. Other Coutributory fauses of importance:  12. UNDERTAKER  Marring  Other Coutributory fauses of importance:  14. Distributory fauses of importance:  15. NAME  16. BIRTHPLACE (city or town)  Marring	Trade profession or particular	Walignest Sheptorous replacemia - Jan. 31 11)
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  Marring  19. UNDERTAKER  Marring  10. Cottypation  10. Other Coutributory fauses of importance:  12. UNDERTAKER  Marring  Other Coutributory fauses of importance:  14. Distributory fauses of importance:  15. NAME  16. BIRTHPLACE (city or town)  Marring	SAWYER, BDOKKEEPER, etc. School Jugchu	focus of infector frage throat
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  Marring  19. UNDERTAKER  Marring  10. Cottypation  10. Other Coutributory fauses of importance:  12. UNDERTAKER  Marring  Other Coutributory fauses of importance:  14. Distributory fauses of importance:  15. NAME  16. BIRTHPLACE (city or town)  Marring	9. Industry or business in which work was done, as SILK MILL,	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  Marring  19. UNDERTAKER  Marring  10. Cottypation  10. Other Coutributory fauses of importance:  12. UNDERTAKER  Marring  Other Coutributory fauses of importance:  14. Distributory fauses of importance:  15. NAME  16. BIRTHPLACE (city or town)  Marring	SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATIDN, OR REMOVAL  Place  19. UNDERTAKER  (Address)  Charter  (Address)  Charter  (Address)  Charter  (Address)  Charter  (Address)  Charter  (Continued diagnosis?  Was there an au'opsy?  What test confirmed diagnosis?  Was there an au'opsy?  Accident, suicide, or homicide?  Date of injury  Where did Injury occur?  (Specify city or town, country and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  19. UNDERTAKER  (Address)  Charter  (Address)  Charter  (Address)  Manner of injury  (Signed)  Manner of Injury  (Address)  Manner of Injury  (Signed)  Manner of Injury  (Signed)  Manner of Injury  (Signed)  Manner of Injury  (Address)  Manner of Injury  (Signed)  Manner of Injury  (Address)	this occupation (month and 1/938) spent in this occupation life	
(State or country)    13. NAME   U.L.   Constitution	D 1: 1:	
15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   Place   18. BURIAL, CREMATION, OR REMOVAL   Place   18. BURIAL, CREMATION, OR REMOVAL   Place   18. BURIAL, CREMATION, OR REMOVAL   19. UNDERTAKER   19. 3	1-11	The state of the s
15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   Place   18. BURIAL, CREMATION, OR REMOVAL   Place   18. BURIAL, CREMATION, OR REMOVAL   Place   18. BURIAL, CREMATION, OR REMOVAL   19. UNDERTAKER   19. 3	13. NAME LULE LONG SITTING	
15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   Place   18. BURIAL, CREMATION, OR REMOVAL   Place   18. BURIAL, CREMATION, OR REMOVAL   Place   18. BURIAL, CREMATION, OR REMOVAL   19. UNDERTAKER   19. 3	I A RIPTURI ACE (situ or town) Agree James	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Da	(State or country)	
Where did Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  Date  Date  Nature of Injury  (Address)  24. Was disease or injury In any way related to occupation of deceased?  18. Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Wanner of injury  Nature of Injury  24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)  Only of the specify of the	15. MAIDEN NAME Mary Pattyrian	
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17. INFORMANT Mr. W. H. G.	State or country)	Where did Injury occur?
Place New Yorks Date Petr 13, 19.34 Nature of Injury  19. UNDERTAKER Marvin Underson Md.  (Address) Chulusum Md.  20. FILED FLAT 9, 19.35 W.J. Thicks  Registrar.  (Address) Like Marvin M.D.  Registrar.		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
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20. FILED Flet 9 , 1930 W. J. Hecks Registrar. (Address) & husbrison M. D.	Place hew york Date 12th 13, 19 31	
20. FILED Flet 9 1935 W. J. Tricks (Signed) Bolly of historian M. D.  Registrar. (Address) & historian, mg.		
	20. FILED Febr 9 1930 W. J. Thicks	(Signed) Dr My. p bychmond M.D.

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Example I				Example II		
ath and related c	auses	Date of onset	The principal cause of death and related cause of importance were as follows:		Date of onset	
MAR: 2	HESS	1915	Attack of epilepsy		1 week ago	
		1921	Run over by street car		1 week ago	
BUREAU	V. 1	July 5,1927	Peritonitis		3 days ago	
of importance:			Other contributory causes of i	importance:		
Gallstones		May 1,1923	Gastroenteritis		1 year	
	ath and related clows:	ath and related causes lows:  BUREAU V.	ath and related causes Date of onset lows:  1915 1921 BUREAU V. Julyo, 1927  s of importance:	ath and related causes Date of onset of importance were as follows  1915 Attack of epilepsy  1921 Run over by street car  BUREAU V. Julyo, 1927 Peritonitis  of importance:  Other contributory causes of	ath and related causes Date of onset of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  BUREAU V. Julyo, 1927  Peritonitis  Other contributory causes of importance:	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

		,	
PLACE OF DEATH	1000	ATE OF M	
County Mest	CER	CHICALE	OF DEATH
		Registration D	ist. No.
Village or City Millington (No	the Poore	:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE	ERTIFICATE O	F DEATH
SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH	-10	
Female White MARRIED, Widowed (Write the word)		(Month)	A 17 W
B DATE OF BIRTH	HEREBY CERT	IFY, That Latte	nded the deceased from
July 10th 1867	Fish 19 - 19	21. to 72	20- ,1901
(Monyh) (Day) (Year)	that I last saw hon alive	on Fel	20 - 1921,
7 AGE If LESS than	and that death occurred on		bove, atm.
77 yrs. 7 mos. 10 ds. or min.?	The CAUSE OF DEATH * wa	as as foilows:	
B OCCUPATION	Milia	& Stem	- 4
(a) Trade, profession or	Inux	sum	
particular kind of work  (b) General nature of industry			
business, or establishment in		(Duration)	yra bours do.
which employed or (employer)	Contributory and	Erioscles	asis
9 BIRTHPLACE (State or country)  Maryland	Secondary	(Duration) Le	THE GROSds.
10 NAME OF FATHER William Duckson	(Signed) Me	mit 1	311CC M.D.
11 PIDTUPI ACE	2/22 192) (Add		lugion la
OF FATHER (State or country)  Maryland	*State the Disease Violent Causes, state (1) Accidental, Suicidal or Hom	Causing Death, Means of Injuicidal.	or, in deaths from ary and (2) Whether
of MOTHER Annie Blackway	18 LENGTH OF RESIDENCE	CE (For Hospita	als, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place	In the	yrsds.
OF MOTHER (State or Country)  Maryland.	of deathyrsmos		yr
A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?		
(Informant) Mr. Elwood Davier	Former or usual residence		DATE OF BURIAL
(Address) Smyrna, Dela,	31	/	
(Address) Lingma, Lila,	milgragion	md.	FUL- 23, 1935
Filed 2/12 1905 M. Strice Registras	20 UNGERTAGER	Quiels!	1 remuel 1
If more blanks are needed addge a State Registras	, 16 W. Saratoga St., Balto.,	Requesting V. S.	No. 1.

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V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

definite salary, may be entered as Housewife, Housetired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whateyer, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queslaborer, Farm laborer, Laborer—Coat mane, etc. women at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealr," ctc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a (b) Cotton mill; (a) Salesman. without more precise specification as Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material single word or term on Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis, American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Haemorrnage, "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, (secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as by Committee on cough; or intercurrent) Chronic Example: Measles (disease affection need etc. The contributory valvular heart Nomenclature Measles ; disease; not be of the

If this certificate is looked over thoroughly and all cau stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V	1	W	U	1

1. PLACE OF DEATH	108		
County Feel	Registration Dist. No. 203		
Village or City Poel Nall G. G. #2	NoSt.,Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurred yrs.			
2. FULL NAME Lestav Q. Fichter			
(a) Residence: No. Jock Starl R. P. # 2 (Usual place of abode)	Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVERCED (prize the way  Cale OR Diverced (prize the way  A color of Race	21. DATE OF DEATH Febre (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of Cen queta Richter	22. I HEREBY CERTIFY, That I attended deceased from  12. 1935 to Left (M) 1935		
6. DATE OF BIRTH (month, bay, and year) Suchuser 183			
7. AGE Years Months Days If LESS th	to have occurred on the date stated above, at 940 P.m.		
76 1 day,			
8. Trade, profession, or particular kind of work done, as SPINNER,	Lobar Pneumoura		
SAWYER, BOOKKEEPER, etc.	4 4 4		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (medium and account in this	tear failure		
10. Date deceased last worked it this occupation (ment) and 1934 spant in this year)			
12. BIRTHPLACE (city or town) Les Muleyours (State or country)	Other Contributory Causes of Importance:		
	(chrone)		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  13. NAME    Company   Com	Name of operation Date of		
15. MAIDEN NAME EAURIOUS	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME  GRANDEN  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?		
17. INFORMANT Frank of forest Wall Ma			
18. BURIAL, CREMATION, OR REMOVAL Place Leggy (Kapel Pate Fet. 3, 19.	Manner of injury		
19. UNDERTAKER Marving G. Williagus (Address) Chusterlaum Address	24. Was disease or Injury in any way related to occupation of deceased?		
20. FILEO 2/3 , 1937 MAR & J. 10 D MM Registra	(Signed) allette grygerd M. D		
If more blanks are needed, address State Reg	gistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

The information putaining to age, wash date of birth, brithplace on the what part of Fermany deseased was born and other musing information which is lackary can not be obtained because demand lived alone, and leaves to redatives for

tion can be obtained

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1. PLACE OF DEATH	1 -	. 50	1-1
County		Registration Dist. No.	10/
Village or City Certain Village or City Length of residence in city or town where		No. f death occurred in a hospital or institution, give its NAME instead of stds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Course	C Shales		
(a) Residence: ND.	(Usual place of abode)	St., Ward.  If nonresident give city or	town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX 7. 4. COLOR OR RACE White	5. SINGLE, MARRIED, WHOWED, OR Bridge (write the word)	21. DATE OF DEATH Fel. 27 (Month) (Day)	, 193 V (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)	ch. 26. 1884	22. I HEREBY CERTIFY, That I  1930, to tely  I last saw h & aliva on felo 25	attended deceased from  2, 7, 1955  1935; death is said
7. AGE Yaars Months  5  8 Trada, profession, or particular kind of work done, as SPINNER,	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at _/A_m.  The PRINCIPAL CAUSE OF DEATH and related causes of importa were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  1D. Date daceased last workad at this occupation (month and yaar)  12. BIRTHPLACE (city or town) (State or country)	11. Total time (years) spent in this occupation	Carcinoma - first left right breast Both reliner att different times - Jenualine Dther Contributory Causes of importance:	Fhere 1931.
13. NAME  14. BIRTHPLACE (city or town)  (Stata or country)	an Shafer lentown	Name of operation Removal Lbrusts  What test confirmed diagnosis? Was t	Date of 19.31~19.3
15. MAIDEN NAME Enma 16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT Mrs. Leaves	spenhaver Ulimore Co. Maryland Redgile	23. If death was due to external causas (VIDLENCE) fill In also the Accident, suicida, or homicide?  Whera did injury occur?  (Specify city or town, county Specify whethar Injury occurrad in INDUSTRY, In HDME, or In PU	following: y, 19, y and State)
(Address)  18. BURIAL, CREMATION, OR REMDVAL Place Chester Concluy	Date Man. 2 19.35	Manner of injury	
19. UNDERTAKER Llodd 1  (Addrass) Chestert  20. FILED # 1935	Jusilton own med Welsel Registrar.	24. Was disease or injury in any way related to occupation of dace  If so, spacify  (Signed) Lage Sommons  (Addrass) balatentonon, 72	ased?M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mru; (u) Fareman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as For persons who have no occupation

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin, itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably swicide. The n-ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drepsy, "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular heart Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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1. PLACE OF DEATH			108	
County Keut			Registration Dist. N	10. 203
Village or City Rocke	nee		No.	St Ward
Length of residence in city or town wi	here death occurred	Vrs mos	f death occurred in a hospital or institution, give its NAME insteads.  How long in U.S. if of foreign birth?	d of street and number)
	Henry Tho		The state of the s	13
V	Cyland (Usual place	V	St., Ward.	
PERSONAL AND STAT			If nonresident give cit  MEDICAL CERTIFICATE OF	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCEE	RIED, WIDOWED, (write the word)	21. DATE OF DEATH Felv. 2	./ 193 5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	·	gle	(Month) (I	Day) (Year) at I attended deceased from
	. +4		1935 to Felv	
6. DATE OF BIRTH (month, day, and year)		881	4. 44	, 19 <i>3.5</i> ; death Is said
7. AGE Years Month 4	Days	If LESS than 1 day,hrs. or min.	to have occurred on the date stated above, at	portance
8. Trade, profession, or particular kind of work done, as SPINNER				Date of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	vaterin	eu.	Lobar Preumonia	
work was done, as SILK MILL, SAW MILL, BANK, etc.			teartfriture	
O Data deceased last worked at	735 11. Total til spen	me (years) t in this pation		
12. BIRTHPLACE (city or town)	Rockhall Kut		Other Contributory Causes of Importance:  9astro-Euterity	
		Laxon	jasno- uning	
13. NAME Junus 18  14. BIRTHPLACE (city or town)	Bellimor		Name of operation What test confirmed diagnosis?	Date of
15. MAIDEN NAME fun. 4	le ann uri	L	23. If death was due to external causes (VIOLENCE) fill in aist	Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)			Accident, suicide, or homicide? Date of	
	mes home	ison	Where did injury occur?	ounty and State) in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	tel Date 2/	24,1935	Manner of Injury	
19. UNDERTAKER Models (Address) Cleaker	field	nd.	24. Was disease or injury In any way related to occupation of	deceased?
20. FILED 2 / 22 , 1925 /	Mrs. 788.2	Invaling Registrar.	(Signed) Allest a Briss (Address) Rockhall	sare M.D
/ If s	nore blanks are needed, ac	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(107:20)
County Mary	Registration Dist. No.
Village or City Counting 18 440 Montain	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where daath occurred yrsmos	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Margaret Perselle	Willer
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Cold OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lee 3 1936	liast saw h style on ear allungs death is said
7. AGE Years Months Days II LESS than	to have occurred on the data statad above, at
2- 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Startae Primeria II
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cupielury Bronchitis
9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Crimery bronchor freumonia. Not fre 1785.
0 10. Date daceased lest worked at 11. Total tima (years)	coded Thy any ather diseases and
this occupation (month and spent in mis occupation occupation	
12. BIRTHPLACE (city or town) Tourstain	Other Coutributory Causes of importance:
(State or country) and REW Morton	
13. NAME Samuel & Villes	
14. BIRTHPLACE (city or town) / amulam	Nama of operation
(State of Country)	What fest confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Vida M. Sampson.	23. If death was dua to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
(State or county) The Morton	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT OCCUPATION BY THE PARTY OF THE	Specify whether injury occurrad in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address Formal and A. D. Turk	Manner of Injury
18. BURIAL, CREMATION, OR REMOVAL	
18. BURIAL, CREMATION, OR REMOVAL Plece Tourism Date Tel 18, 1933	Nature of Injury
Plece Tourtain Date Tel 18, 193	
	Nature of Injury
Plece Tourtain Date Tel 18,193:	Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? Z

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic, but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

01913

1. PLACE OF DEATH	(1-0)
County Cent	Registration Dist. No.
Village or City Willington Tut	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. ii of foreign birth?yrsmosds.
2. FULL NAME Trus Frances	Celley Washington
(a) Residence: No. Willington Tu	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the Word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. II married, widowad, or divorced HUSBAND of (or) WIFE of	22. 4 I HEREBY CERTIFY, That I attanded daceased from
12 1935	I last saw hr. alive on Feb. / B. 193 D. death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days II LESS than	to here occurred on the date stated above, at / O Pm.
3 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, atc.	ware as follows: Joban Prumomic Date of oneet
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc  10. Date deceased last worked et this occupation (month and	
10. Date deceased last worked et this occupation (month and year)	Other Constitution Constitution
12. BIRTHPLACE (city or town) willing for land (State or country)	Other Contributory Causea of importance:
13. NAME William Cisley	
14. BIRTHPLACE (city or town) Jun Jenne Co Dus	Name ol operation
(State of country)	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Scider Washington	23. If death was dua to axternal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME School Lorasburg local 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT LI CISCLED (Addrass) Millington, Mil	Specily whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL  MACHINETON MACHINETON THE STARLE STAR	Menner of injury
Place Date Date , 19 D.0	Neture of injury
19. UNDERTAKER John (1) John Han (Address) Millington, Mil	24. Was diseasa or injury in any way ralated to occupation of dacaesed?
20. FILED 417 , 1921 M. Buc Registrar.	(Signed) Al Slace M. D.  (Address) Crecupture and
	2411 N. Charles Street, Baltimore, Requesting U.S. No. 2.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No.

OR DIVORCED (write the word)	Tet /2 1935
ule Single	(Month) (Day) (Year)
	22. I HEREBY CERTIFY. That I ettended deceased from
d year) Feb 12, 1935 Months Days If LESS then	I last saw h
0 0 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
PINNER,	
ch MILL,	Died before birth
at 11. Total tima (years) spent in this occupation	Hydrocephalie
md	Other Contributory Causes of importance:
n Elsworth Walson	
ma.	Name of operation Date of  What test confirmed diagnosis? Wes there an autopsy?
tha Elizabeth Meekun	23. If death was due to external causes (VIOLENCE) fill in also the following:
The same	Accident, suicide, or homicide?
y Elswith Nalson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
VAL md Date Fet 13 1935	Manner of Injury
on Elsworth Halson	24. Was disease or injury in any way related to occupation of deceased?
serioure, me	If so, specify
W.J. Jecks Registrar.	(Signed) & forgs Summons M. D.  (Address) Chestratoren
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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